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exploits. "Rip Van Winkle" is easy to read and much appreciated. Kipling's *Jungle Book* and "Just So" stories, Kate Douglas Wiggin, Laura Richards, Annie Johnston, Joel Chandler Harris, and many others furnish us good children's stories. Louisa Alcott's stories frequently have such a pathetic strain that they are too much for the little hearts. The same reason usually bars Ernest Seton Thomson's stories, too.

Finding stories to read aloud is usually an easy task; one of the easiest in the care of children. It is the games and the schemes and the flights of fancy that are constantly demanded of you that make you so weary and exhausted when night comes. But it is a wholesome weariness and you, too, have gained from the day's experience. It is a privilege to be able to come into close touch with the refreshing nature of a wholesome child, and when you have spent some weeks with one of the little ones, you will find that the child is not the only one who has derived benefit from the companionship.

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## NURSING IN NERVOUS DISEASES

### SECOND PAPER

#### SOME SPECIAL PHASES

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It is commonly said that the care of nervous patients is a very exacting business, that nurses are so tried and worried by the vagaries of their charges that they, too, soon become upset and nervous and are only too glad to seek some other means to employ their energy. This is only partly true. It is true if a nurse enters into sympathetic relations with neurotic people and is with them constantly, she may give out more of her own energy than she can afford to. But this need not happen; for if a nurse in this branch of her profession exercises the same system, the same objectivity, the same impersonal tone as she does in other diseases, she will find that nursing here is no more trying than elsewhere; in fact, my experience is that well trained nurses in nervous diseases are healthier and less neurotic than others. And, once the trick how to get along with nervous patients is learned, nurses will soon be repaid for what they give out by what they gain, for these patients are apt to be extremely intelligent, of varied interests, and of that charm which commonly goes with the name of the artistic temperament.

Inasmuch as physicians have divided nervous diseases into two classes, it is necessary for the nurse to think of them, for a moment, from that point of view. These two classes are organic and functional; the organic including those definite physical diseases which attack and often destroy the structure of the nervous system itself; the functional being those disorders in which the nervous system remains intact, *i.e.*, the machine is all there, although not in perfect order; it needs adjustment or oiling or proper direction.

Now, the organic diseases, while they have certain characteristics of their own, do not as a class require any special knowledge from the nurse which is not obtained from a general training. There are, however, even in the diseases of the nervous system, certain facts that she should be on the alert for and which require some special technical knowledge on her part. The acute infections of the nervous system are chiefly meningitis and poliomyelitis. In both of these, the question of isolation will come up, as both are infectious diseases, although we are not in a position to say how the infection occurs. It is quite probable that it occurs through the nose, so careful antiseptic washings of the nose in both meningitis and anterior poliomyelitis is necessary. Anterior poliomyelitis, or infantile paralysis, is every day becoming a more important disease, and it is quite possible that nurses would be the first to recognize it. You will remember that the beginning symptoms are usually slight fever, some prostration, and some symptoms referable to the stomach or bowels. These symptoms in young children at the time of an epidemic of poliomyelitis should be watched by a nurse with great care, and the first advent of anything like pain in the spine or paralysis of an extremity should at once catch her attention and cause her to report it. Both of these diseases should be reported to the Board of Health. Some of the acute infectious diseases of the nervous system are secondary to infections elsewhere. Almost any of the fevers may give rise to meningitis. It is quite a common sequel of the grippe. You may remember that the most important symptoms of meningitis are pain in the head and stiffness in the back of the neck. Meningitis may also result from chronic suppurations of the ear, but a more common result of this ear trouble is a brain abscess. In caring for cases of suppurative ear disease, therefore, be on the alert for such symptoms as headache, pain or stiffness in the back of the neck, and restlessness and fever.

In the sphere of functional diseases, in those disorders which are due to a variety of causes but which show themselves chiefly in changes in personal character, idiosyncrasies, in fluctuations of mood, in all those various psychic manifestations which hover in the borderland

between health and insanity, there is required from the nurse a certain technical skill with which some people are born, but which all people can learn by experience, and it is for these disorders especially that experience in wards and personal contact with patients extending over a number of months, is absolutely necessary, if the nurse is to be successful in this particular vocation.

I cannot give you the whole category of these symptoms, but I can mention some. Fear is a most important one. Starting away back, even sometimes in infancy, perhaps from some fright that the patient himself has forgotten, or from some commotion in later years which is still held in memory, the patients are fearful, sometimes in regard to certain things only, sometimes live in a state of terror lest something is going to happen to them, most frequently something connected with their personal health.

Depression is another common symptom, showing itself as a moodiness and discouragement, possibly traceable to some physical cause or as a continued tone of downheartedness. Closely allied to this is introspection, in which the limelight is kept turned on the patient's own symptoms. Along with these are exaggeration, excitability, irritability, changeableness, and similar demonstrations which are present in all of us, but which may reach such a degree as to constitute disease. None of these symptoms that I have mentioned are accessible to drugs. Bromides or other narcotics may dull them, but they do not cure them; and even physical remedies, such as exercise, baths, etc., may fail in their treatment. They are most amenable to mental influences such as the physician can exercise, and such as the nurse, who is the constant companion of the patient, can exercise in a more continuous degree.

With such symptoms, therefore, the nurse must hold herself ready to calm, to cheer, to soothe, and to encourage. Constant reassurance may do away with fear, and it also proves to the patient that what he dreads is not going to happen. Depression can often be cleared up by a pleasing personality, but still more by the various means of diversion and distraction of the attention that are furnished by occupations, especially by those occupations which make use of the fingers.

The same methods are to be used to combat introspection. The more versatile the nurse is in expedients, the more quickly she can adapt herself to make use of the various devices to distract the patient's thoughts, the more valuable she will become in the treatment of these cases, the more satisfaction she will get herself from the cures effected largely through her means. To do this, she must, first of all, gain the confidence of the person entrusted to her, and this she can only do by

firmness, by regularity in all that pertains to him, by personal dignity which permits no familiarity whatsoever with him, and by the suppression of all talk about disease.

She has another function quite as important as the therapeutic function I have just mentioned; to observe things that the physician by reason of the infrequency of his presence, cannot observe himself.

Such observations to be valuable must be put in a definite and objective way. State facts and not conclusions. In the wards of a general hospital, one frequently sees on the bedside notes, "Patient is hysterical," "Patient is sleepless," and similar statements, which are, if not useless, much less useful than they ought to be. It is not for you to say whether a patient is hysterical or not; sometimes, the wisest doctor in the land is unable to make such a statement. Instead of that, you should say in what way the patient conducted himself. If by hysterical you mean that he shrieked or wept or threw himself out of bed, say so. If by sleepless, you mean that he did not go to sleep until late and then slept soundly, or that he went to sleep early in the evening and awoke early in the morning, or that he slept at intervals throughout the night, waking up every little while, say so definitely, and also what circumstances were present which might be taken into account in considering the causes of the insomnia.

The symptoms which require objective observation on the part of the nurse and for which the doctor must absolutely rely for help, are extremely numerous. I mentioned insomnia. Pain is another symptom of which the physician himself is rarely able to gauge the extent and reality. Objective observation by the nurse as to the effect the pain has upon the patient's conduct and appetite, upon his sleep, may often help clear up a knotty diagnosis. Pain is, after all, a sensation, can neither be measured, seen, or felt by others. Our only means of judging it is by the effect it has on the individual. Varying with these effects, we may be sure that the pain is real, and that the patient suffers, or that the pain is imaginary, or else grossly exaggerated, and the sooner this effect is brought home to the patient, the sooner he will be well.

In another lecture, you will have heard about the necessity of objective nursing in convulsions. I will not go into the subject here, but simply remind you that this is the best example of all in which a nurse can be of extreme service to the physician.

In addition to these more or less material symptoms, I wish to urge upon you to use your objective faculties more in taking account of certain mental characteristics, so that you may report in an intelligent, useful way on abnormalities in the mental sphere. If you think the

patient's memory is poor, don't say so, but cite examples to show how it is poor. Does he remember old events and not recent ones? Does he remember certain things and not others? It is the same way with association of ideas. You will note that certain patients are excited by a certain set of ideas, for example, fear may be limited to some certain object, such as a cat. Others become excited and upset by the mere approach of some sexual topic; others by some past misfortune in their lives. Note these things not as conclusions, but as facts. Silence is often an ominous symptom. It is golden we know, but, at the same time, a patient who sits in a ward all the day through, repelling advances, answering in monosyllables, or not at all, is probably suffering from some mental disturbance, which, for his own welfare and that of those who look after him, should be determined. This silence may be the result of suspicion, in that he fears that injury is coming to him, that he is to be poisoned, that people are coming to kill him; but it may be the result of profound depression, in that he thinks that things have gone so badly with him that there is no use talking. And in any event, with patients who are silent, try to find out what the cause of their silence is, and to see whether it is to lead them to a condition of depression or, perhaps, to some act which would prove dangerous to themselves or to others. Instead of saying the patient is delirious, state what they do in the delirium, how violent it is, and, if you can, write out what they say during their delirium. If the physician has a good report of all the words that are said by a delirious patient for twenty-four hours, he will often be able to tell from that alone the cause of the delirium and its probable outcome.

I hardly think that the few things I have mentioned as desirable in the nursing of nervous diseases are beyond the reach of any woman who is healthy, fairly intelligent, and who really has a desire to follow out what we think is the highest form of nursing. Everything that she can add to these simple qualifications will increase her efficiency. Every accession of knowledge, every advance in culture, the cultivation of any individual talents will aid her wonderfully in the prosecution of her duties.